

ORIGINAL

**United States District Court
Eastern District Of New York**

**Complaint
Jury Trial Demanded**

Carlos. A. Antonetti (Plaintiff)

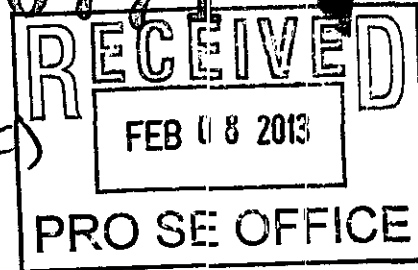
CV 13 - 0771

-Against -

The City Of New York,

Woodhull Medical And Mental Health Center, (HHC)

Davol, A Bard Company. (Defendants)



1. Parties

**Plaintiff- Carlos. A. Antonetti., Resides at 263 Stockholm Street
Brooklyn New York 11237 Apt#2R. (Mailing Address) is 237**

Irving Avenue, Brooklyn New York 11237 Apt#2R.

**Defendants- Woodhull Medical And Mental Health Center. 760
Broadway, Brooklyn New York 11206.**

**The City Of New York, Office Of The Comptroller. 1 Centre
Street. New York, N.Y. 10007-2341**

**Davol, A Bard Company 100 Crossings Boulevard,
Warwick R.I. 02886.**

**2. The jurisdiction of this Court is invoked pursuant under the
laws and rules 21 U.S.C. 360 And 38 U.S.C. 7316 and its
defended by the Federal Government as well as The United States
Of America.**

3. Statement Of Claim.

**On February 2008 I had went to Woodhull Medical And Mental
Health Center In Brooklyn New York for a routine follow up
check up with my medical doctor then in that hospital. DR. (Zaki
Wasfy). Who then claimed and said I had a inguinal hernia and
needed surgery. He then referred me to DR. Efren. Quinto. MD
(Surgeon) NBHN# 5512 Lic. # 166036 MMIS # 698866. Who
Proformed the surgery and procedure on Wednesday March 26,
2008 in the afternoon time. The device that was placed inside of
me was a keyhole mesh (Davol Bard Mesh Perfix Plug size
medium plug with expiration date April 2012 Lot- HURD0815
REF-0112960. After about a year or so Summer of 2009. I had**

started to feel survere pains cramps and tingling like electricity going down my left pelvic area to my left scrodum and testicle and down my left leg as well. The pain would occur when I would be either walking or going up or down the stairs laying sitting getting up etc. I informed the surgeon Dr. Quinto that I was feeling pains and very strange and different after this device being implanted in me. He told me some people heal faster then others and some longer but that also that in some people there body rejects the mesh. He started giving me shots in the area of the surgery and said that eventually I would heal better but that wasn't helping at all or happening. He then in late 2010 two years after the surgery ordered some cat scans of my pelvic and abdominal area. When I went for the results he later then told me the the scar tissue that remains after surgery and the mesh plug must have gotten caught with my nerve that goes down my left thigh and leg to my left scrodum area. That he could kill off the nerve so I wont feel that much pain or discomfort but that the left side of my thigh the front area would feel num without much feeling. I told him no that I wanted the mesh removed because I knew it had messed up my insides cause I was feeling it and different he claimed that the mesh and scar tissue both caused the damage that literally damaged one of my nerves. He then scheduled me for surgery on January 12, 2011 in the afternoon time at Woodhull Medical And Mental Health Center In Brooklyn New York 11206 760 Broadway. Even after the removal of this device I still feel pains discomfort going from pelvic area and abdominal area to my left leg and left scrodum area. This device I had implanted in me has caused a lot of heartache and pains and discomforts in my life at times without sleep because of it. I left that hospital after that surgery the second one to remove the mesh so I could go by my house to a hospital I feel more safer with and secure Wyckoff Heights Medica Center In Brooklyn New York 11237. 374 Stockholm Street. I follow up there with my pain management doctor who gives me medications for my pains that has to do with my back and neck disabilities too and

also with the inguinal hernia surgery and its pains and discomforts. I still follow up with my doctors and primary specialist doctors at Wyckoff Hospital no Longer in Woodhull I stopped going to Dr. Quinto in mid 2012. When he had scheduled me for another cat scan but I was afraid of getting another one because I have gotten a few already there in that hospital along with mri's and that radiation going inside of you constantly and too much I know its no good it could also hurt my chances of producing and having kids as well. I am really holding more this Davol Bard Mesh Company for there product implanted in me and the Hospital Woodhull And City Of New York for using these products from this company in City hospitals (HHC) without knowing the consequences of it and how it might affect someones life or body. This is something that they must really consider of recalling if they havent yet I personally made my complaint with The FDA in early 2011 after the mesh plug removal. I explained the affects and troubles and problems health wise its caused in my life so far. I am asking this court and hoping they would hold this company liable as well as The Hospital that used and implanted the product in me along with The City Of New York for there negligence malpractice (38 U.S.C. 7316) and products used on humans that cause bodily harm damage and at times death. I am hoping and wishing for a resolution with this issue and matter at hand.

4. Remedy. (Demands).

The City Of New York. The City Of New York, Office Of The Comptroller. 1 Centre Street. New York, N.Y. 10007-2341.

(Mental and Physical Anguish And Suffering) Malpractice And Negligence. 38 USC 7316 - Sec. 7316.

Malpractice and negligence. 21 U.S.C. 360

Registration Of Producers of drugs or devices. Classification Of Devices intended for Human Use. 21 U.S.C. 360(c)

\$50,000

Woodhull Medical And Mental Health Center. 760 Broadway,

Brooklyn New York 11206. (Mental and Physical Anguish And Suffering) Malpractice And Negligence. 38 USC 7316 -

Sec. 7316. Malpractice and negligence.

21 U.S.C. 360 Registration Of Producers of drugs or devices.

Classification Of Devices intended for Human Use.

21 U.S.C.360(c)

\$70,000.

*Davol, A Bard Company, 100 Crossings Boulevard,
Warwick R.I. 02886.*

(Mental and Physical Anguish And Suffering) Malpractice And Negligence. 38 USC 7316 - Sec. 7316.

Malpractice and negligence. 21 U.S.C. 360

Registration Of Producers of drugs or devices. Classification Of Devices intended for Human Use. 21 U.S.C. 360(c)

\$70,000.

\$190,000. Total.

347-772-9025 - 347-787-8751. Carlos. A. Antonetti.

02/05/2013.

Carlos A. Antonetti.

2/6/2013.

WOODHULL MEDICAL CENTER
760 BROADWAY
BROOKLYN, NEW YORK 11206

DEPARTMENT OF NURSING
OPERATING ROOM LOG

0390669 0 07/18/1972
 ANTONETTI CARLOS
 237 IRVING AVE 18
 BROOKLYN NY 11237
 ZAKI, WASFY 8000390669

<input checked="" type="checkbox"/> SCHEDULE	<input type="checkbox"/> EMERGENCY
<input type="checkbox"/> ADD-ON	<input type="checkbox"/> CANCELLED
<input type="checkbox"/> RE-OP	ASA CLASS <u>1</u>
PT TYPE: <u>Ambulatory</u>	PATIENT IN <u>1310</u>
ANES. START <u>1310</u>	INCISION START <u>1325</u>
OPERATION FINISH <u>1405</u>	PATIENT OUT <u>1405</u>
SURGERY TIME: <u>55 min</u>	<input checked="" type="checkbox"/> MINOR - under 60 min.
<input checked="" type="checkbox"/> CLEAN	<input type="checkbox"/> MAJOR 61-180 min.
<input type="checkbox"/> CLEAN CONT	<input type="checkbox"/> INTENSIVE MAJOR
<input type="checkbox"/> INFECTED	(greater than 3 hours)
<input type="checkbox"/> CONT	

DATE: 3/26/08O.R. ROOM # 5CASE # 3SERVICE: Gen Surg

Pre-op Diagnosis		<u>Left Inguinal Hernia</u>				
Post-op Diagnosis		<u>Same</u>				
Procedure(s)		<u>REPAIR-LEFT INGUINAL HERNIA & PLUG & MESH</u>				
Surgeon(s) <u>Dr. Quinto</u>		ID#	Scrub: (s)	Title	Time In	Time Out
Assistant(s) <u>Dr. Mierga</u>			1. <u>Melendez</u>	<u>ORT</u>	<u>1245</u>	<u>1405</u>
			2.			
			3.			
			4.			
			5.			
Anesthesiologist(s) <u>Dr. Kommineni</u>			Circulators: (c)			
CRNA			1. <u>Kandassamy</u>	<u>RN</u>	<u>1245</u>	<u>1405</u>
Anes Type: <input checked="" type="checkbox"/> Gen <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> Epidural			2.			
<input type="checkbox"/> Spinal <input type="checkbox"/> Other:			3.			
Autotransfusionist(s)			4.			
			5.			
INITIAL COUNT		2nd COUNT		CORRECT	3rd COUNT	
Sponge S <u>Melendez</u>	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes		
C <u>Kandassamy</u>	C <u>Kandassamy</u>	<input type="checkbox"/> No	C <u>Kandassamy</u>	<input type="checkbox"/> No		
Sharps S <u>Melendez</u>	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes		
C <u>Kandassamy</u>	C <u>Kandassamy</u>	<input type="checkbox"/> No	C <u>Kandassamy</u>	<input type="checkbox"/> No		
Inst. S <u>Melendez</u>	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes	S <u>Melendez</u>	<input checked="" type="checkbox"/> Yes		
C <u>Kandassamy</u>	C <u>Kandassamy</u>	<input type="checkbox"/> No	C <u>Kandassamy</u>	<input type="checkbox"/> No		
Action for Incorrect Count: <input checked="" type="checkbox"/> X-Ray Taken <input type="checkbox"/> Yes, Results:		If No, Explain:				
Tissue Spec <input checked="" type="checkbox"/> No	Cytology <input checked="" type="checkbox"/> No	F/B Rem <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Blood Adm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X-Ray <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F/Section <input checked="" type="checkbox"/> No	Microbiology <input checked="" type="checkbox"/> No	Implant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Laser <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cell Saver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fluoro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: <u>Time Out Done 1315 hrs</u>						
<input checked="" type="checkbox"/> Bard Mesh Perfix Plug Size: Medium Plug REF 0112960 <input checked="" type="checkbox"/> HURD0815						
Final Circulator Signature:		<u>SKandassamy</u>				
Print Name:		<u>SKANDASSAMY</u>				

WH231 REV. 3/00

CHART COPY

Date of Discharge 1/12/11

Date of Surgery



WH237

Diagnosis and operative procedures

Postherpetic neuralgia

Exploratory left groin + removal of mass 1/21/11 9:30 A

03905669 07/18/1972 M
ANTONETTI CARLOS
237 IRVING AVE
BROOKLYN NY 11221
ZAKI, ASFY 8500310090

YOUR FOLLOW-UP APPOINTMENT DATE IS 1/21/11

It is important that you keep this appointment. Please bring this slip with you when you come to the clinic or if you have to come to the Emergency Room.

DIET: Restricted ☒ NO ☐ YES (Please Specify:)

MEDICATIONS	DOSE & WHEN TO TAKE	HOW LONG TO TAKE
<u>Tylenol #3</u>	<u>2 tabs</u>	<u>prn & 4 h prn</u>

ADDITIONAL INSTRUCTIONS

Pain medication: Take as directed by your physician

- ☐ Do not drink any alcoholic beverages while taking this medication.
- ☐ Do not operate any machinery or a motor vehicle while taking this medication.
- ☐ Do not take this medication on an empty stomach.
- ☐ This medication may become habit forming.
- ☐ Do not take more than pills in any 24 hour period.

FOR PATIENT:

I, Carlos Antonetti, have received a copy of this instruction form and understand the information that has been explained and given to me.

Carlos Antonetti

Signature of: ☐ Patient
☐ Family Member
☐ Significant Other

Nurse's Signature

Date

Provider Name (Print)

Provider Signature

ID#

Date

**NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION**

**INFORMED CONSENT FOR
INVASIVE, DIAGNOSTIC,
MEDICAL & SURGICAL
PROCEDURES**

Chart No.

Name

Ward No.

RECEIVED JAN 04 2011
RECEIVED JAN 40 2011

07/18/1972

SFY 9-0000-199

(Patient Imprint Card)

FORM B-1

I hereby permit Dr. Quintero (Name of Attending Physician or Authorized Health Care Provider) or his/her Associate Attending Physician of the same service, and assistants as may be selected and supervised by him/her to perform the following medical treatment, operation, or procedure (hereafter called the "procedure"):

Removal of mesh left inguinal area

The procedure has been explained to me and I have been told the reasons why I need the procedure. The risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about other possible treatments for my condition and what might happen if no treatment is received.

I understand that in addition to the risks described to me about this procedure there are risks that may occur with any surgical or medical procedure. I am aware that the practice of medicine and surgery is not an exact science, and that I have not been given any guarantees about the results of this procedure.

I have had enough time to discuss my condition and treatment with my health care providers and all of my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure. If something unexpected happens and I need additional or different treatment(s) from the treatment I expect, I agree to accept any treatment which is necessary.

I agree to have transfusions of blood and other blood products that may be necessary along with the procedure I am having. The risks, benefits and alternatives have been explained to me and all of my questions have been answered to my satisfaction. ~~If I refuse to have transfusions I will cross out and initial this section and sign a REFUSAL OF TREATMENT form~~

I agree to allow this facility to keep, use or properly dispose of tissue and parts of organs that are removed during this procedure.

Carlos Quintanilla
Signature of Patient or Parent/Legal Guardian of Minor Patient

Date

12/7/10

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's next of kin who is assenting to the treatment for the patient, must be obtained.

Signature of Health Care Agent/Legal Guardian
(Place a copy of the authorizing document in the medical record)

Date

Signature & Relation of Next of Kin

Date

WITNESS

I, Marlene Hasen Ali am a facility employee who is not the patient's physician or authorized health care provider named above and I have witnessed the patient or other appropriate person voluntarily sign this form.

Marlene Hasen Ali
Signature and Title of Witness

INTERPRETER/TRANSLATOR: (To be signed by the interpreter/translator if the patient required such assistance)

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator

Wed, 12 Jan 11 1430

Page 1 of 2

Woodhull Medical and Mental Health Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-PAOR 10	Antonetti, Carlos	390669	390669-58	38Y	M

Attending Physician
Quinto, Efren

Wed, 26 Mar 1558 Operative Report

Status: complete

Date/Time of Procedure : Wed, 26 Mar 2008 2008
 Surgeon : Efren Quinto, MD
 Assistant(s) : Maria Miegge Viera, MD
 Attending : Efren Quinto, MD
 Dictated by : Efren Quinto, MD
 Dictation Date/Time : Wed, 26 Mar 2008 1558
 Procedure Details : Operative note

Anesthesia type: General

Preoperative diagnosis: Left inguinal herni

Postoperative diagnosis: Same

Procedure: Repair of left inguinal hernia

Findings: Left reducible direct inguinal hernia

Description of procedure: Patient was brought to the operating room was placed in supine position and after properly monitored a spinal anesthesia was given. The lower abdomen is prepped and draped in routine manner. A small incision is given half an inch above and parallel to the inguinal ligament in its medial third. Scarpa's fascia was divided in the same line. The external oblique aponeurosis was divided in the same line. Cord structures were identified and dissected at the pubic tubercle and were encircled and held with a penrose drain. The floor of the inguinal canal was cleaned. Ilioinguinal nerve was identified and was preserved. No indirect sac was seen. A small defect was seen in the floor of the inguinal canal. A plug is placed in the defect and was secured with 0 Prolene. The keyhole mesh is placed on the floor of the inguinal canal and is secured to the pubic tubercle medially, conjoined tendon superiorly, inguinal ligament inferiorly with a tacker. The keyhole accommodating the cord structures and the flaps were tacked together. The wound is irrigated. The

Wed, 12 Jan 11 1430

Page 2 of 2

Woodhull Medical and Mental Health Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-PAOR 10	Antonetti, Carlos	390669	390669-58	38Y	M

Attending Physician
Quinto, Efren-----
Wed, 26Mar 1558 Operative Report -- cont'd

external oblique aponeurosis approximated with 0 Prolene keeping the olloinguinal nerve safe. The Scarpa's fascia was approximated with a 3-0 Vicryl. Skin approximated with staples. Wound is cleaned and dressed. The testicle is pulled down. Patient sent to the recovery room in a good condition.

Specimens removed: None

Estimated blood loss: Minimal

Condition of patient: Good

Efren Quinto, MD (26 Mar 08 1559)

* * * End of Report * * *



0390669 0 07/18/13
ANTONETTI
237 IRVING AVE
BROOKLYN NY 11221
ZAKI, ASFY 85003906890

PATIENT INSTRUCTION SHEET AMBULATORY SURGERY

SURGEON: Dr. Quinto

DATE/TIME OF SURGERY: 1/12/11 - will call to give in

REPORT TO: ROOM BA60 - 3RD FLOOR

PLEASE FOLLOW THE SPECIAL INSTRUCTIONS BELOW IN PREPARATION FOR YOUR SURGERY:

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY.
(INCLUDING CANDY AND GUM CHEWING)**

STOP ASPIRIN ON: diclofenac 1/5/11 up to taking

DATE

YOU MAY TAKE MEDICATIONS AS USUAL. (Blood Pressure, Seizure, Heartburn Pills, Thyroid, Psychiatric Pills And Any Other Additional Medication Prescribed To You By The PPU Nurse Practitioner at 6:00 a.m. With Small Sips of Water.)

Performed by: _____ MD/NP

Stamp/Print Name

Signature

Date

SPECIAL INSTRUCTIONS:

- ~~NO MAKE-UP~~
- NO JEWELRY
- ~~NO NAIL POLISH~~
- PLEASE WEAR COMFORTABLE CLOTHING
- ~~NO HIGH HEELS OR SANDALS~~
- YOU SHOULD SHOWER BEFORE SURGERY
- DO NOT DRIVE ON THE DAY OF SURGERY
- NO ALCOHOL-24 hrs before
- IF YOU SMOKE, TRY TO QUIT OR CUT DOWN

YOU SHOULD BRING THE FOLLOWING:

1. PRE-OP INSTRUCTION SHEET
2. CLINIC CARD/PHOTO ID
3. HEALTH INSURANCE CARD
4. ESCORT - (A PERSON WHO ASSIST YOU HOME AFTER SURGERY) *(IF YOU DO NOT HAVE AN ESCORT, YOUR PROCEDURE WILL BE RESCHEDULED).

PRE-OP INSTRUCTIONS GIVEN BY:

SIGNATURE

PATIENT NAME

PATIENT SIGNATURE/LEGAL GUARDIAN

DATE

MEDICAL RECORD #

DATE

For Questions Call:

Day Surgery - Room 3A60
Pre-Procedure Unit - Room 2C125

(718) 963-8868
(718) 963-8885

If you have any questions, please call your physician at _____

2 Feb 10 1530

Page 1 of 2

Woodhull Medical and Mental Health Center
760 Broadway, Brooklyn, NY 11206
Radiology Department

Patient: Antonetti, Carlos MRN-V#: 390669-83 DOB: 07/18/72 Age: 37Y Sex: M

Location: Surgery - 780

DOS: 1 Feb 10 1033

Status: complete

Abdomen CT* With Contrast

INDICATIONS

Recurrent unilateral or unspecified inguinal hernia, without mention of obstruction or gangrene

CT SCAN OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST:

CLINICAL INDICATION: History of left inguinal hernia repair. Complaining of nodule and left lower anterior abdominal wall.

Multidetector helical 3 mm axial and 4 mm coronal and sagittal imaging was performed from the xiphoid process to the ischial tuberosities after peroral and without IV contrast. The patient declined the IV use of contrast material. Comparison is made with the prior study from 3/20/09.

The previously described small amount of soft tissue attenuation deep to the left inguinal canal is again visualized appearing grossly unchanged from the last examination, possibly slightly smaller (1.8 cm in maximal dimension), in all likelihood reflecting postoperative fibrotic residuals. No inguinal hernia is noted on either side. Very small short linear/curvilinear and focal soft tissue attenuation is seen in the deep subcutaneous fat layer of the inferior left anterior abdominal wall at the approximate level of the left iliac crest, unchanged from prior study compatible with likely focal postoperative fibrosis. No focal soft tissue mass or ventral hernia is demonstrated. The solid, parenchymal organs of the upper abdomen appear normal in size and shape. Cannot evaluate for intraparenchymal space occupying lesions without intravenous contrast. There is a tiny, about 5 mm well circumscribed near water attenuation structure in the posterior superior aspect of the right kidney, unchanged from prior study likely reflecting a small cyst. The gallbladder appears unremarkable. The adrenal glands are not enlarged. There is no evidence of hydronephrosis. The abdominal aorta is of normal diameter. The urinary bladder appears grossly unremarkable on this noncontrast study. The prostate gland and seminal vesicles appear unremarkable. The opacified gastrointestinal tract appears grossly unremarkable. The osseous structures appear intact. The included basilar lung fields are clear. Posterior disk protrusions are again demonstrated at L4/L5 and L5/S1, appearing slightly more prominent or larger when compared to the prior study. If clinically warranted MRI of the lumbar spine could be performed.

IMPRESSION: SMALL AMOUNT OF SOFT TISSUE ATTENUATION DEEP TO THE LEFT INGUINAL CANAL, MINIMALLY SMALLER SINCE THE LAST EXAMINATION BUT GROSSLY UNCHANGED. GIVEN THE PATIENT'S HISTORY OF PREVIOUS LEFT INGUINAL HERNIA REPAIR, THIS LIKELY REPRESENTS POSTOPERATIVE FIBROSIS. LIKELY TINY, ABOUT 5 MM RIGHT RENAL CYST, UNCHANGED FROM PRIOR STUDY. L4/L5 AND L5/S1 POSTERIOR DISC PROTRUSIONS

Read By: Oskar Salamon, MD
Date: 02/01/2010

Verified by:

2 Feb 10 1530

Page 2 of 2

Woodhull Medical and Mental Health Center
760 Broadway, Brooklyn, NY 11206
Radiology Department

Patient: Antonetti, Carlos MRN-V#: 390669-83 DOB: 07/18/72 Age: 37Y Sex: M

Location: Surgery - 780

DOS: 1 Feb 10 1033

Status: complete

Abdomen CT* With Contrast

APPEARING SLIGHTLY LARGER SINCE THE LAST EXAMINATION. THIS IS MORE ACCURATELY ASSESSED WITH MRI OF THE LUMBAR SPINE, IF CLINICALLY WARRANTED. NO INGUINAL OR VENTRAL HERNIA NOTED. MINIMAL FOCAL POSTOPERATIVE FIBROTIC CHANGES IN THE INFERIOR LEFT ANTERIOR ABDOMINAL WALL, AS DISCUSSED ABOVE.

Electronically signed by: Dr. Oskar Salamon

Date: 02/01/10

Time: 11:37

Read By: Oskar Salamon, MD
Date: 02/01/2010

Verified by:

2 Feb 10 1530

Page 1 of 2

Woodhull Medical and Mental Health Center
760 Broadway, Brooklyn, NY 11206
Radiology Department

Patient: Antonetti, Carlos MRN-V#: 390669-83 DOB: 07/18/72 Age: 37Y Sex: M

Location: Surgery - 780

DOS: 1 Feb 10 1033

Status: complete

Pelvis CT* With Contrast

INDICATIONS

Unilateral or unspecified inguinal hernia, with obstruction, without mention of gangrene (not specified as recurrent)

CT SCAN OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST:

CLINICAL INDICATION: History of left inguinal hernia repair. Complaining of nodule and left lower anterior abdominal wall.

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Read By: Oskar Salamon, MD
Date: 02/01/2010

Verified by:

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Electronically signed by: Dr. Oskar Salamon

Date: 02/01/10

Time: 11:37

Read By: Oskar Salamon, MD
Date: 02/01/2010

Verified by: